

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | J.G. | | 3/10/99 |
| O.I.P.E. CLASSIFIER | 111 | 45 | 3/11 |
| FORMALITY REVIEW | JB | 10303 | 3-14 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------|-----------|
| Final | |
| 1 | ✓ 8-16-02 |
| 2 | ✓ 1-12-02 |
| 3 | ✓ |
| 4 | |
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| 6 | ✓ |
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| 9 | ✓ |
| 10 | ✓ |
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| 12 | ✓ |
| (13) | |
| 14 | ✓ |
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| 18 | ✓ |
| 19 | ✓ |
| 20 | ✓ |
| 21 | ✓ |
| 22 | ✓ |
| 23 | ✓ |
| (24) | ✓ |
| 25 | ✓ |
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| 29 | ✓ |
| 30 | ✓ |
| 31 | ✓ |
| 32 | ✓ |
| 33 | ✓ |
| 34 | ✓ |
| (35) | ✓ |
| (36) | ✓ |
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| Claim | Date |
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| Claim | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here